



# MICHIGAN RADIOLOGICAL SOCIETY

MICHIGAN CHAPTER AMERICAN COLLEGE OF RADIOLOGY

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January 30, 2006

Norma Hagenow, Chair  
Con Commission  
Michigan Department of Community Health  
320 S. Walnut Street  
Lansing, MI 48913

Dear Ms. Hagenow:

This testimony is on behalf of the Michigan Radiological Society (MRS), which is the state chapter of the American College of Radiology. We have over 1,200 members, with the overwhelming majority being physicians specializing in diagnostic and therapeutic radiology from across the state. The re-opening of the Con MRI Standards was discussed by the Board of Trustees of the MRS on January 5, 2006. The members of our Board are from both large academic centers and smaller practices.

The MRS is fully supportive of the CON process. The commission has done a good job of improving the quality of diagnostic imaging. We greatly appreciate the opportunity to participate in the process. The unanimous opinion of our Board is that at this time, there is sufficient MRI capacity in the state and that there is no reason to reopen the MRI CON Standards.

However, we feel a technical change should be addressed by the Commission for fixed rural scanners. The special factors that allow a lower MRI equivalent number to initiate a fixed unit for rural hospital should apply for the second unit. There are inherent difficulties in access to diagnostic imaging in rural areas. Mobile units have difficulty moving from site to site in winter months. Frequently, patients have to be cancelled when the MRI unit is unable to travel on snow covered country roads. These were the same issues that were involved in the Commission's previous decision for lower MRI equivalents to change from a mobile to a fixed unit. Our Board of Trustees feels this reasoning should apply to a second fixed unit as well.

517-336-5727 Fax 517-336-5797  
120 West Saginaw, East Lansing, MI 48823

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The MRS is also concerned about access to care for breast cancer patients who need MRI imaging. Indications for Breast MRI include assessment of extent of disease in women with diagnosed breast cancer to plan surgery, further evaluation of equivocal imaging abnormalities, detecting post lumpectomy scarring versus breast cancer recurrence, among others.

We will monitor volumes and waiting times for Breast MRI and Breast MRI biopsies. We may respectively ask the Commission in several years to consider changes specifically to address this issue depending on the results of our data collection.

If you desire any further information please contact our Executive Director, Sarah Cressman at (517) 337-1351 or [scressman@msms.org](mailto:scressman@msms.org).

Thank you for your consideration and for allowing our Society to participate in this most important process.

Sincerely,



Katharine Scharer, MD  
President  
Michigan Radiological Society

KS/smw